

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 10-5-21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to follow physicians orders as directed, effecting one of three audited clients (Client #2). The findings are:</p> <p>Review on 10-4-21 of Physicians order dated 7-15-21 revealed: - "Check blood sugar twice a day.*call nurse if blood sugar is less than 70 or greater than 200*."</p> <p>Review on 10-4-21 and 10-5--21 of Client #2's Blood Sugar monitoring sheet for September 2021 revealed: -9-1-21; 238 (appears to be retaken 150) -9-4-21: 242 (appears to be retaken, 140) -9-9-21; 218 -9-10-21; 246 -9-30-21 340</p> <p>Review on 10-5-21 of nursing notes from September 2021 revealed: -No documentation of nurse being notified for high blood sugar for above dates.</p> <p>Review on 10-5-21 of Client #2's MAR from September 2021 revealed: -No documentation that the nurse had been notified of high blood sugar on the above dates.</p> <p>Interview on 10-5-21 with Licensed Practical Nurse revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 2</p> <p>-The nurses don't keep records of the calls, the facility is supposed to keep documentation.</p> <p>Interview on 10-4-21 with Staff #1 revealed: -When Client #2's blood sugar is too high or low, they call the nurse and follow their recommendations. -They document the call on the MAR and in the progress notes.</p> <p>Interview on 10-4-21 with Staff #2 revealed: -When Client #2's blood sugar is too high or low, they call the nurse and follow their recommendations. -They document the call on the MAR and in the progress notes.</p> <p>Interview on 10-5-21 with the Administrator revealed: -They would find out why the staff were not completing documentation and correct the issue immediately.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 119	<p>Continued From page 3</p> <p>disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure all prescriptions and non prescription medications were disposed of in a manner that guards against diversion or accidental ingestion effecting one of three audited clients (Client #1). The findings are:</p> <p>Review on 10-4-21 of Client #1's Phsicain orders dated 7-15-21 revealed: -"Ventolin HFA AER 90 mcg for; Albuterol, Inhale 2 puffs by mouth every 4 hours as needed for wheezing..."</p> <p>Review on 10-5 21 of Client #2's MAR for July, August and September, 2021 revealed: -Client #2 had not needed her inhaler at any time during those months.</p> <p>Observation on 10-4-21 at approximately 5:00 pm revealed:</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 119	<p>Continued From page 4</p> <p>-Ventolin HFA AER 90 mcg inhaler was dispensed 7-79-20 and expired 7-29-21.</p> <p>Review on 10-4-21 of medication reorder sheet revealed: -Date on the top of the sheet was 9-23-21.</p> <p>Interview on 10-4-21 with Staff #1 revealed: -She knew the inhaler was expired so she had ordered another one. -The inhaler had not come in yet. -She then admitted that she had been waiting to add more medications to the list before sending it in. -She stated that she got "distracted" because she was helping the surveyor. -She then admitted that she had not ordered the medication.</p> <p>Interview on 10-5-21 with the Administrator revealed: -The medications would be checked today to make sure they were all up to date.</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client;</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 120	<p>Continued From page 5</p> <p>(D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure medications were stored separately for each client, effecting six of six clients (Clients #1, #2, #3, #4, #5, and #6). The findings are:</p> <p>Observation on 10-4-21 of medication cart revealed:</p> <ul style="list-style-type: none"> -The third drawer of the medicine cart had medicated mouthwash for Client #1, Client #2, Client 33, Client #4 and Client #5 in the same drawer, not separated. - Clients #3, #5, and #6 had soaps, fiber, and liquid medicine in the third drawer stored together. <p>Interview on 10-4-21 with the facility manager revealed:</p> <ul style="list-style-type: none"> -Staff knew that the medications were supposed to be separated. -The cart might be getting too small for the increased amount of medications. -The nurse should be checking the medications but she had not been at the facility in awhile. 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 120	Continued From page 6 Interview on 10-5-21 with the Administrator revealed: -They would be going to the facility today to make sure all medications were stored properly.	V 120		